PRINTED: 12/27/2018 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING IL6015895 11/16/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **485 SOUTH FRIENDSHIP DRIVE** FRIENDSHIP MANOR HEALTH CARE NASHVILLE, IL 62263 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint: 1846801/IL106616-F690 G \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meetina.

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b)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

The facility shall provide the necessary care and services to attain or maintain the highest

Section 300.1210 General Requirements for

Nursing and Personal Care

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

11/30/18

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6015895 11/16/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 485 SOUTH FRIENDSHIP DRIVE FRIENDSHIP MANOR HEALTH CARE NASHVILLE, IL 62263 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. seven-day-a-week basis: All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations were not met as evidenced by: Based on interview and record review, the facility failed to ensure Indwelling Urinary Catheter placement in the bladder before inflating bulb for 1 resident (R2) reviewed for Indwelling Urinary Catheter care. This failure resulted in R2's hospitalization for surgical removal of catheter

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discomfort.

bulb. After insertion noted bleeding small amount

(Indwelling Catheter) removed. Peri care provided and reinserted #18 fr. With 30 cc inflated with 20 cc of normal saline, CNA (Certified Nurses Aide) did rounds and reported looked like catheter was coming out. Attempted to remove catheter and bulb would not deflate after several attempts. Will monitor for urine return. No complaints of pain or

R2's Nurses Note by V11, Register Nurse (RN),

coming out around tubing at tip of penis.

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6015895 11/16/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 485 SOUTH FRIENDSHIP DRIVE FRIENDSHIP MANOR HEALTH CARE NASHVILLE, IL 62263 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC (DENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 dated 8/9/18 at 3:00 AM, documents: Noted catheter would not deflate, Bulb cut back to catheter and with syringe could not get water from bulb. Catheter would not come out. V16 (Physician) Nurse called. Stated "Dr. wants him (R2) to go to the emergency room to get (Indwelling Catheter) removed." R2's Resident Emergency Transfer Form, signed by V11, dated 8/9/18, documents: Reason for transfer: Changed (Indwelling Urinary Catheter), Inserted for UA, Balloon 20 cc. No urine, tried to deflate, no water will come out. Stuck. The local hospital report, dated 8/9/18. documents, Continuous charting: (R2) arrived to ED (Emergency Department) via EMS (Emergency Medical Service), from (name of facility) Report received from RN (V11) (V11) states she attempted to change the patient's (Indwelling Urinary Catheter) at approximately 2:45 AM. (V11) states after the (Indwelling Catheter) was placed, there was no return of urine. (V11) attempted to remove the (Indwelling) Catheter) but was unable to remove the 20 cc of water from the (Indwelling Catheter) balloon. Upon arrival, notable dried blood at entrance of Urethra. (Indwelling Catheter) is not draining urine in ED. Port to remove water from balloon has been cut prior to arrival to ED. Attempts to remove water from balloon was ineffective. No attempt to remove (Indwelling Catheter) made. The local hospital report, dated 8/9/18, continues, 04:55 AM- Patient to radiology for CT (computerized tomography) scan. Results: Pelvic Contents: Bladder well distended, mildly inflamed. Small amount of calcified debris in the dependent bladder. (Indwelling Catheter) balloon is inflated within the urethra. Mild surrounding inflammation

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Vitals Pulse 80, resp 20, B/P 122/77, Oxygen Sats 98%, Patients condition is stable.

R2's operative report from receiving hospital.

dated 8/9/18 at 2:20 PM, documents. Preoperative diagnosis: (Indwelling Urinary Catheter) with balloon inflated in urethra and

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
S9999	Continued From page 5		S9999			
	the (Indwelling Urin removal of (Indwelli cystoscopy, (Indwelli cystoscopy, (Indwelli placement. History: 36 y/o quad bladder who has a Catheter), An attemplace a new cathete balloon unfortunate	e: Urethroscopy, deflation of ary Catheter) balloon and ing Urinary Catheter), lling Urinary catheter) driplegic male with neurogenic chronic (Indwelling Urinary apt at the nursing home to er was unsuccessful. The ly was accidentally inflated in mpt to deflate the balloon was				
	remember the incid UA C&S and wante Urinary Catheter) pl (R2) had been treat Infection). (R2) had removed the existin Catheter) without an ew one- blood star and blood came our (Indwelling Urinary and disposed of the hour and the bleedinew (Indwelling Urin technique, I maybe Inflated the balloon for urine output. Abcame and got me a of (R2's) penis more tried to deflate the blad another nurse (R2)	o AM, V17, LPN, stated, "I ent-The doctor had ordered a d a new 'fresh' (Indwelling laced in for the specimen. Led for a UTI (Urinary Tract not been drinking much. I lig (Indwelling Urinary my issues. I went to insert the red to come out with urine, to of his penis so I removed the Catheter) and did peri care catheter, I waited about ½ light had stopped. I inserted the nary Catheter) using sterile got a dribble of urine and I light told (V22, CNA) to watch out 20-30 minutes later, (V22) and told me the tubing was out to reform when it was inserted. I loalloon, but was unable to. I (V11) come to assist me and the balloon by cutting the				
	water port, but still v	was unable to remove the ed the doctor and we sent him	,			<i>:</i>

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING_ IL6015895 11/16/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 485 SOUTH FRIENDSHIP DRIVE FRIENDSHIP MANOR HEALTH CARE NASHVILLE, IL 62263 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION. (X5) PRFFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 | Continued From page 6 S9999 On 11/13/18 at 9:25 AM, V11, RN stated, "I came in that night to replace (V17). She had put in a (Indwelling Urinary Catheter) and couldn't get it out. I couldn't either. I cut the port to remove the water from the bulb and I still couldn't get it out. I knew there was a problem so I sent him out. I'm unsure if there was any urine present in the tubing or bag. I knew his bladder would start filling up . He did not seem in any distress." On 11/14/18 at 9:30 AM, V1, Administrator, along with V2, Director of Nursing, voiced concerns that R2's Catheter could have been in place when at the facility and there were Ambulance staff, the local hospital and numerous people involved that could have dislodged the catheter including R2 himself. On 11/15/18 at 9:19 AM, when asked if urine should be to flowing prior to inflation of the catheter bulb, V2 stated "I did my investigation." (V17) stated that when she inserted the first catheter there was blood noted in the urine." V2 also stated that V17 said that R2 had not been drinking a lot and wasn't expecting to see a lot of urine output after the first attempt because the first attempt emptied the bladder. V2 again voiced that she believes that R2 could have moved his arms and tugged on the (Indwelling Urinary Catheter) by accident, he wasn't able to grasp things with his fingers, but he could have gotten his arm around it somehow. V2 stated there was a period of time after the second insertion that no one was present. On 11/16/18 at 10:25 AM, V23, Medical Assistant to V24, R2's Surgeon, stated "Before inflating an Indwelling Catheter bulb you must ensure the tube is in the bladder by evidence of urine flow."

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STATE FORM

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If continuation sheet 8 of 8